

Guest Editorial

Neurogenic pain disorders

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As guest editor for this volume of *NeuroRehabilitation*, I am very honored to introduce this thematic issue on “Neurogenic pain disorders”. The articles in this issue provide an excellent and very timely review of several very important conditions that we as neurorehabilitation professionals often have as challenges in terms of both assessment and treatment.

The first article in this issue provides a comprehensive review of CRPS by Dr. Allison Kessler, and colleagues. As the authors appropriately note the diagnosis and treatment of this condition is often challenging as there is no one confirmatory test, and no one definitive treatment. Historical aspects of the condition are reviewed including classification in addition to epidemiology, staging and pathophysiology. The treatment section of this article provides recommendations on pharmacological, interventional pain management procedures, surgical intervention, neuro-modulatory techniques, psychological care as well as use of more conservative modalities.

The second article on peripheral neuropathic pain by Dr. Douglas Murphy and colleagues reviews classifications, pathoetiologies (including

prognostication of each) and treatment interventions. The treatment intervention section covers pharmacological (enteral, topical and neurotoxin and cannabinoid agents), as well as interventional and neuro-modulatory techniques. A thoughtful discussion regarding therapeutic approaches to treatment of neuropathic pain follows and provides nicely laid out logic for addressing different types of neuropathic pain problems. The authors also provide some very helpful details, including tables delineating various treatment options.

The third article authored by Drs. Deena Hassaballa and Richard Harvey provides a comprehensive review of central pain syndromes. Although relatively uncommon, central pain is a very challenging clinical condition for neurorehabilitation clinicians and there are few current comprehensive reviews on the topic. The authors provide interesting historical information on the condition as well as a discussion of incidence, prevalence, and risk factors for the same. The pathophysiology of the disorder is discussed in detail. Assessment strategies are also reviewed including validated assessment methodologies relative to pain. Treatment approaches are discussed first in general terms and then specific treatment methodologies are reviewed including the literature. The article concludes with recommendations for future research.

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64 The fourth article by Dr. Sheryl Katta-Charles on
65 craniofacial neuralgias provides a very nice article
66 on a topic on which there is little consolidated cur-
67 rent information in the medical literature. After a
68 brief introduction and review of craniofacial anatomy,
69 specific clinical conditions are reviewed. The afore-
70 mentioned is followed by a discussion of treatment
71 options including medications, interventional pain
72 management procedures and surgical treatment rel-
73 ative to microvascular decompression or ablate of
74 procedures. Directions for future research are also
75 delineated emphasizing the need for focus on sex-
76 based factors that contribute to pain in gender base
77 treatment strategies, the influence of craniofacial
78 pain on functionality and psychoemotional status and
79 treatment outcome measures.

80 Drs. Stover and Prahlow are authors of the fifth arti-
81 cle on residual limb pain. This review is particularly
82 important because of the prevalence of this condi-
83 tion and the projected number of individuals who
84 will suffer from this disorder moving forward in time.
85 Given that 25% to 50% of patients may have ongo-
86 ing difficulties with residual limb pain or phantom
87 pain/sensation, this review is of particular rele-
88 vance to practitioners involved with post-amputation
89 care. The etiology of the condition is discussed
90 along with differentiation of underlying mechanisms
91 involved in residual limb pain versus phantom limb
92 pain/sensation. The authors review epidemiology,
93 etiology, and treatment. The treatment section is
94 divided/categorized based on causes and type of
95 pain and provides an excellent overview of both the
96 causes and the targeted treatment of each. Additional
97 important comments are provided on the use and
98 limitations of opiate therapy in addition to a brief dis-
99 cussion of mental health interventions in this patient
100 population.

101 The second to last article by Dr. Dwyer and Zasler
102 reviews the topic of posttraumatic cephalalgias (PTC)
103 or headache. The area of posttraumatic cephalal-
104 gia remains controversy on a number of levels and
105 the authors attempt to provide, in that context, an
106 overview and discussion of current classification and
107 limitations of the same, epidemiology and risk factors
108 for PTC, subtypes of PTC and associated pain gener-
109 ators, as well as pathophysiology. The clinical course
110 of PTC as well as prognostic risk factors for pain
111 persistence are also reviewed. The article then tran-
112 sitions into a discussion of clinical management and
113 limitations of the existing literature germane to PTC.

114 The final article in this issue covers an important
115 topic that is rarely discussed in neuro-rehabilitation
116 pain literature and that is functional pain disorders.
117 Dr. Popkirov and colleagues provide a very timely
118 discussion of so-called nociplastic pain as a third
119 mechanistic descriptor of pain arising primarily from
120 alterations of neural processing contrast pain due to
121 tissue damage leading to nociceptive feedback or neu-
122 ropathic pain. The discussion also reviews current
123 reframing of how functional pain disorders are clas-
124 sified and emphasizes the biopsychosocial nature of
125 the condition and the need for multimodal treatment
126 selected pain syndromes are discussed including
127 chronic back pain, fibromyalgia, CRPS, and pain in
128 functional neurological disorders with a description
129 of the clinical picture of each as well as treatment
130 strategies and as indicated delineation of the lim-
131 itations and knowledge that we have on particular
132 subjects including pain in FNDs.

133 As the guest editor of this issue, I am very grateful
134 to all the contributors and their high quality of work
135 which will hopefully be appreciated by readers and
136 advance knowledge in this area of neurorehabilita-
137 tion.[REF]